

# APPENDIX 8:



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OFFICE OF THE CHIEF MEDICAL EXAMINER  
1910 Massachusetts Avenue, S.E., Bldg. 27  
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16 February 2003

ENTERED # 1439

Charles C. Maddox, Esq.  
Inspector General  
Office of the Inspector General  
717 14<sup>th</sup> St., Washington, DC 20005

Re: MAR 03-I-003

Dear Mr. Maddox:

2003 FEB 26 PM 12:35

This letter provides the response and comments concerning the above-captioned Management Alert Report from the Office of the Inspector General concerning findings during the course of an ongoing inspection of the Office of the Chief Medical Examiner (OCME), which were referred to me by your letter dated 31 January.

The first issue cited was an unpleasant odor in the elevator, emanating from the mortuary area. It is true that the elevator shaft acts as a potential conduit for airflow from the mortuary to other areas in the building. To some degree this is unavoidable. Facilities of this sort are never truly odor-free, especially on any given day when decomposed bodies are being examined. However, the OCME facility has just had major renovations, including an entirely new HVAC system. I can attest that prior to these renovations, unpleasant mortuary odors in public and office areas were obtrusive, while now they are of remarkably lesser frequency and intensity.

The second issue concerned cleanliness and maintenance, specifically bodily fluids on the floor of the body cooler room not draining, thus requiring employees to mop this floor daily. Some leakage of fluids in a mortuary cooler room is an unavoidable aspect of storing and moving bodies. Protocols for proper maintenance and cleanliness will invariably include daily mopping with disinfectant. Functioning drains may assist the process, but should not substitute for routine cleaning.

Finally, the inspection team observed employees working around bodily fluids when not wearing masks. This violates universal precautions protocols, including written OCME policies (see below).

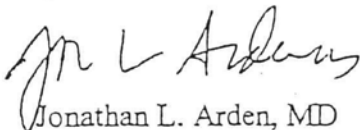
In response to these observations, you have made two recommendations. The first is that OCME request a facility hazard inspection from DC OSH. I have made such a request to the Office of Risk Management, which has assumed the responsibility for occupational safety and health

compliance as successor to DC OSH (copy attached). (For the record, I do not believe that OCME is in violation of any requirements designed to maintain a safe, clean and comfortable environment in our facility. Assessment by an outside entity is still in the best interests of the employees and visitors in our facility.) When this is scheduled, I will inform the OIG inspection team, and make them aware of the results and outcomes of the assessment.

The other recommendation is that I require all employees to wear protective masks when they may be exposed to bodily fluids. I agree with this fully. Your letter says that OCME does not have a set of written policies or procedures regarding maintenance and safety. Some written policies have existed previously, along with frequent guidance orally to reinforce the requirement and importance of observing universal precautions against blood-borne pathogens, which includes barrier and mucous membrane protection, such as masks. (A policy memo of 1999 is attached which establishes that use of such personal protective equipment is required.)

Thank you for the opportunity to respond to the findings in the MAR.

Sincerely,



Jonathan L. Arden, MD  
Chief Medical Examiner

att

cc: Ms. Margret N. Kellems, Deputy Mayor for Public Safety and Justice  
Mr. John A. Koskinen, City Administrator  
Mr. James J. Jacobs, Director, Office of Risk Management



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Robert Lisk, CPP  
Assistant Director for Risk Control  
D.C. Office of Risk Management  
441 4th Street, Suite 1010 South  
Washington, D.C. 20001

Re: Response to OIG MAR-03-I-003

Mr. Lisk:

Thank you for your response related to the Management Alert Report (MAR 03-I-003) sent to the Office of the Chief Medical Examiner (OCME) from the Office of the Inspector General (OIG). I take these matters quite seriously, and would appreciate assistance from the Office of Risk Management in assuring that OCME complies fully with occupational safety and health requirements.

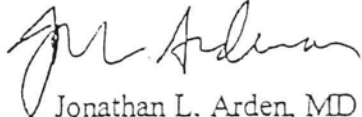
DC OSH (your predecessor entity in this regard) has assessed OCME previously related to general compliance and to address several specific complaints. I welcome another facility hazard assessment for several reasons. First, concerns were raised in the MAR, which should be addressed both internally and by an independent entity. Second, the OCME has been almost totally renovated since the last assessment, which presents a good opportunity to be sure that no new measures need to be taken to ensure a safe workplace (and to demonstrate that the renovations have markedly improved our ability to provide a safe and comfortable environment).

Personal Protection Equipment (PPE), the other issue raised in the MAR, is also extremely important in the work done at OCME. OCME does have policies regarding appropriate use of PPE, including the requirement for universal precautions when exposed to bodily fluids.

The former Agency Risk Management Representative for OCME (ARMR) has left the agency. I have appointed [REDACTED], the director of the OCME toxicology laboratory, as the new ARMR. She has already made great progress in compiling policies and procedures to address these issues, and can be reached on 202-698-9004 and by e-mail at [REDACTED]. The agency should be back on track by next month having agency risk committee meetings and participating in the Risk Management Council.

I look forward to meeting with you and having your staff visit OCME. Between professional meetings and scheduled leave, none of the appropriate points of contact are likely to be able to schedule such a meeting until the last week of this month, at the earliest. Please inform us of your availability, so that we can begin this process.

Thank you very much for your offer of assistance to OCME. I am sure that the concerns raised in the MAR can be easily addressed. I shall reference this letter in my response to the OIG, to demonstrate that OCME is willing to answer the issues raised in the MAR.



Jonathan L. Arden, MD  
Chief Medical Examiner

cc: Margret N. Kellems, Deputy Mayor for Public Safety and Justice

[REDACTED]